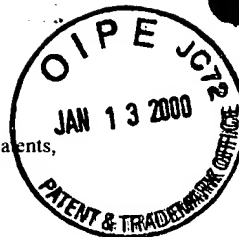


I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box Non-Fee Amendment, Assistant Commissioner for Patents, Washington, D.C. 20231 on January 7, 2000.
By: Nancy L. Givyn
Printed: Nancy L. Givyn



Docket No.: PF-0195-1 DIV

GP1643
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Hillman et al.

Title: A NOVEL PROSTATE-ASSOCIATED KALLIKREIN

Serial No.: 09/170,980

Filing Date: October 13, 1998

Examiner: Y. Eyler

Group Art Unit: 1643

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Response to Restriction Requirement (5 pp., in duplicate); and
3. Revocation and Power of Attorney (2 pp.).

The fee has been calculated as shown below.

| Claims | Claims After Amendment | - | Claims Previously Paid For | = | Present Extra | Other Than Small Entity Rate Fee | Additional Fee(s) |
|--|------------------------|---|----------------------------|---|---------------|----------------------------------|-------------------|
| Total Claims | 14 | - | 20 | = | 0 | \$18 | \$0 |
| Indep. Claims | 2 | - | 3 | = | 0 | \$78 | \$0 |
| ___ First Presentation of Multiple Dependent Claim | | | | | | +\$260 | \$0 |

TOTAL \$ 0

X No additional fee is required.
___ Please charge Incyte Pharmaceuticals, Inc. Deposit
Account No. 09-0108 the amount of \$ _____

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Incyte Pharmaceuticals, Inc. Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE PHARMACEUTICALS, INC.

Diana Hamlet-Cox

Diana Hamlet-Cox, Ph.D.
Reg. No. 33,302

Date: 7 January 2000

3174 Porter Drive
Palo Alto, California 94304
Phone: (650) 845-4639 Fax: (650) 849-8886